

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

30118

1. PLACE OF DEATH

County Dent Registration District No. 1035 File No. _____
 Township Davis Primary Registration District No. 5322 Registered No. 10
 City Davis (No. _____) St. _____ Ward _____

2. FULL NAME

Mr. Amanda Smith Truckworth
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wiley G. Truckworth
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 3 - 1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 | 6 | 23

8. OCCUPATION OF DECEASED:
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Dent Mo
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER Jasper Mc Neal
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dent
 (STATE OR COUNTRY) Carolina
 12. MAIDEN NAME OF MOTHER Mary Wolford
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dent
 (STATE OR COUNTRY) Carolina

14. INFORMANT A. M. Truckworth
 (Address) Davis Mo.

15. FILED 10/11/28 19 28 J. Adcock
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 26 1928
 17. I HEREBY CERTIFY, That I attended deceased from Sept 24 1928, to Sept 26 1928
 that I last saw h. or alive on Sept 26 1928 and that death occurred, on the date stated above, at 3:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
Chronic Myocarditis
 (duration) 8 yrs. - mos. - da.
 CONTRIBUTOR (SECONDARY) 5
 (duration) 5 yrs. - mos. - da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH? _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? Smear, etc.
 (Signed) Glenn H. Stewart, M.D.
 , 19 (Address) Davis, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mc Neal Cemetery DATE OF BURIAL 9/28 1928

20. UNDERTAKER Carl K. Spruill ADDRESS Davis Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

